

**DOMESTIC  
LIMITED PARTNERSHIP**

**STATE OF MAINE**

**CHANGE OF REGISTERED AGENT  
and/or  
REGISTERED OFFICE**

\_\_\_\_\_  
(Name of Limited Partnership)

\_\_\_\_\_  
Deputy Secretary of State

**A True Copy When Attested By Signature**

\_\_\_\_\_  
Deputy Secretary of State

Pursuant to [31 MRSA §407.2](#) and [31 MRSA §422.3.D](#), the undersigned limited partnership executes and delivers the following Change of Registered Agent and/or Registered Office:

**FIRST:** ("X" all boxes that apply)

- A. ☐ change of registered office      B. ☐ change of registered agent and registered office  
C. ☐ change of registered agent      D. ☐ change in name of current registered agent

**SECOND:** The name and registered office of the registered agent appearing on the record in the Secretary of State's office:

\_\_\_\_\_  
(name of current registered agent)

\_\_\_\_\_  
(street, city, state and zip code)

**THIRD:** Complete this Item as follows based on your selection in Item First:

- A. The address of the new registered office (provide address information only);  
B. The name and registered office of the **new** registered agent, who must be an individual Maine resident or a corporation, foreign or domestic, authorized to do business or carry on activities in Maine (provide name and address information);  
C. The name of the **new** registered agent, who must be an individual Maine resident or a corporation, foreign or domestic, authorized to do business or carry on activities in Maine (provide name only); **OR**  
D. The new name of the current registered agent (provide name only).

\_\_\_\_\_  
(name of new registered agent or new name of current registered agent)

\_\_\_\_\_  
(physical location, not P.O. Box – street, city, state and zip code)

\_\_\_\_\_  
(mailing address if different from above)

**FOURTH:** The undersigned registered agent of the following limited partnership(s), who has changed the address of the registered office **OR** who has changed his or her name, has notified each limited partnership of the change indicated in Item Third A or D:

**Name of Limited Partnership**

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☐ Names of additional limited partnerships attached hereto as Exhibit \_\_\_, and made a part hereof.

Note: The following **must** be signed by the proper person as designed below.\*

**DATED** \_\_\_\_\_ **\*By** \_\_\_\_\_  
(signature)  
\_\_\_\_\_  
(type or print name and capacity)

**Acceptance of Appointment of New Registered Agent**

The undersigned hereby accepts the appointment as registered agent for the above-named limited partnership.

\_\_\_\_\_  
(signature) (type or print name)

**For Registered Agent which is a Corporation**

Name of Corporation \_\_\_\_\_

By \_\_\_\_\_  
(authorized signature) (type or print name and capacity)

Note: If this document changes the Registered Agent and the new Registered Agent **does not** sign, Form [MLPA-18 \(31 MRSA §407.1-A\)](#) must accompany this document.

\*This certificate **MUST** be signed as follows:

- (1) if Item First, A. was selected, then by the Registered Agent **OR**
- (2) if Item First, B. or C. was selected, at least by at least one **general partner** ([31 MRSA §424.1.B](#)) **OR**  
By any duly **authorized person** ([31 MRSA §424.2](#)) **OR**
- (3) if Item First, D. was selected, then by the Registered Agent.

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under [17-A MRSA §453](#).

Please remit your payment made payable to the Maine Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,  
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**